

Telephone 704-216-8619

## **Plan Review Procedures**

FAX 704-638-3130

Date:	
Project Name:	
Job Site Address:	
Contact Person:	Phone: ()
Owner: Email:	Phone: ()
Detail Description of Proposed Use of Building: _	
Residential Use Commercial Use	
Square Footage Type of Construction	l
Occupancy Classification Group	
Building Height Number of Stories	
*ALL ABOVE FIELDS ARE REQUIRED TO	BE FILLED IN BY APPLICANT*
* ALL FIELDS BELOW ARE FOR ROWAN COUNTY OFFICE USE ONLY*	
Plans Received by:	
Plans Reviewed by:	
Review Approval Date:	
Date Customer Notified:	
Fire Marshal Approval Date:	
Sign & Date Pick Up By Customer:	
Inspection Level:	